

UNITED STATES BANKRUPTCY COURT

DISTRICT OF \_\_\_\_\_

NEW JERSEY

IN RE DAVID RISTICK

Case No. \_\_\_\_\_ 17-19196

Reporting Period: 05/03-05/31/17

**MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)**

File with Court and submit copy to United States Trustee within 20 days after end of month

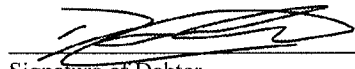
Include FORM MOR-1 (INDV) if debtor is a wage earner.

Substitute FORM MOR-2 (RE) for MOR-1 if case is a Single Asset Real Estate case.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	yes	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	yes	
Copies of bank statements		yes	
Cash disbursements journals			
Statement of Operations			
Balance Sheet			
Status of Postpetition Taxes			
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts			
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging			
Debtor Questionnaire			

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Signature of Debtor

07/19/17  
Date

\_\_\_\_\_  
Signature of Joint Debtor

Date

\_\_\_\_\_  
Signature of Authorized Individual\*

Date

\_\_\_\_\_  
Printed Name of Authorized Individual

Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR (INDV)  
(9/99)

In re: DAVID RISTICK  
Debtor

Case No. 17-19196  
Reporting Period 05/03/17 TO 05/31/17

# **INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**

( This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (INDV) (CON'T)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	1523.57	
<b>RECEIPTS</b>		
Wages (Net)	0	0
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (attach schedule)		0
<b>Total Receipts</b>	0	0
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS:</b>		
Mortgage Payment(s)		
Rental Payment(s)		
Other Secured Note Payments		
Utilities	0	0
Insurance	217.52	217.52
Auto Expense	0	0
Lease Payments		
IRA Contributions		
Repairs and Maintenance		
Medical Expenses		
Household Expenses	0	0
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (attach schedule)		
Travel and Entertainment	0	0
Gifts		
reimbursible business expenses	0	0
<b>Total Ordinary Disbursements</b>	217.52	217.52
<b>REORGANIZATION ITEMS:</b>		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses (attach schedule)		
<b>Total Reorganization Items</b>		0
<b>Total Disbursements (Ordinary + Reorganization)</b>		217.52
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>		-217.52
<b>Cash - End of Month (Must equal reconciled bank statement)</b>		1306.05

FORM MOR-1(INDV)  
(9/99)

In re DAVID RISTICK Case No. 17-19196  
 Debtor Reporting Period: 05/03/17 TO 05/31/17

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet**

BREAKDOWN OF "OTHER" CATEGORY		Current Month Actual	Cumulative Filing to Date Actual
<b>Other Income</b>			
<b>Other Taxes</b>			
<b>Other Ordinary Disbursements</b>			
<b>Other Reorganization Expenses</b>			



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**RETURN SERVICE REQUESTED**

DAVID J RISTICK  
5 NOTTINGHAM WAY  
TURNERSVILLE NJ 08012-1436

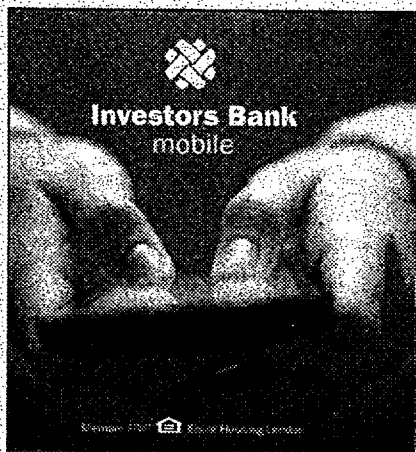


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YOURSTYLE CHECKING			
Account #	XXXXXXXX1459	Beginning Balance	\$1,583.57
Statement Period		Deposits/Credits	\$20,643.44
From	04/17/17	Interest Paid	\$0.00
Through	05/15/17	Checks/Debits	-\$20,703.44
Average Balance	\$1,542.19	Service Charges	\$0.00
Earned Interest This Period	\$0.00	Ending Balance	\$1,523.57
YTD Interest	\$0.00	# Deposits/Credits	3
YTD Withholding	\$0.00	# Checks/Debits	3
Annual Percentage Yield Earned (APYE)	0.00%		

ACCOUNT ACTIVITY DETAIL				
Date	Description	Deposits	Withdrawals	Balance
04/17	BEGINNING BALANCE			\$1,583.57
04/17	DEPOSIT	\$20,000.00		\$21,583.57
04/17	WITHDRAWAL		\$20,000.00-	\$1,583.57
04/24	ALLY ALLY PAYMT 628920135727021		\$321.72-	\$1,261.85
04/25	ALLY ALLY PAYMT 628920135727021	\$321.72		\$1,583.57
04/25	RET HOLD ITEM DEBIT HELD FUNDS		\$30.00-	\$1,553.57



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Please contact us at the telephone number or address listed on the front of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt or if you believe a transfer was made using information from your check without your permission. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will credit any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

Contact us immediately if your Investors ATM or VISA Check Card is lost or stolen. During normal business hours, Monday through Friday, call 855-IBank4U. After hours, call 1-800-472-3272.

**FINANCE CHARGE**

We figure the **FINANCE CHARGE** on your account by applying the applicable **DAILY PERIODIC RATE** to the **BALANCE SUBJECT TO FINANCE CHARGE** in your account at the end of each day. We get the **BALANCE SUBJECT TO FINANCE CHARGE** by taking the balance you owed at the end of the previous billing cycle (shown on the statement as the **PREV. BALANCE**). We then reduce that **PREV. BALANCE** by the amount of any unpaid **FINANCE CHARGES** or other charges included in it and any payments or other credits applied to your account prior to the end of the day in question. We then increase this amount by the amount of any loan advances and adjustments charged to your account prior to the end of the day in question.

## BILLING RIGHTS SUMMARY

**In case of errors or questions about your bill:**

If you think your bill is wrong or if you need more information about a transaction on your bill, write us on a separate sheet at our address shown on the face of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter give us the following information: (1) Your name and account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

## HOW TO MAKE PAYMENT

Payments received prior to 5:00 p.m. at the Bank address shown on the face of your statement will be credited as of day of receipt. Payments made at other locations of the Bank may result in a delay in crediting your payments (but not more than 5 days).



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ACCOUNT ACTIVITY DETAIL (continued)				
Date	Description	Deposits	Withdrawals	Balance
04/28	ALLY RETRY PYMT 62892013572702I		\$321.72-	\$1,231.86
05/01	ALLY RETRY PYMT 62892013572702I	\$321.72		\$1,553.57
05/01	RET HOLD ITEM DEBIT HELD FUNDS		\$30.00-	\$1,523.57
05/15	ENDING BALANCE			\$1,523.57

CHECK REGISTER								
Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
0	04/24	\$321.72#	0*	04/28	\$321.72#			
(# AFTER THE CHECK AMOUNT INDICATES ACH CHECK - * INDICATES NON-CONSECUTIVE CHECK NUMBER(S))								

FEE SUMMARY		
Description	Cycle to Date	Year to Date
TOTAL OVERDRAFT FEES	\$0.00	\$60.00
RETURNED ITEM FEES	\$60.00	\$90.00



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TURNERSVILLE NJ 08012-1436



Member FDIC

YOURSTYLE CHECKING			
Account #	XXXXXXXX1459	Beginning Balance	\$1,523.57
Statement Period		Deposits/Credits	\$0.00
From	05/16/17	Interest Paid	\$0.00
Through	06/15/17	Checks/Debits	-\$1,523.57
Average Balance	\$990.05	Service Charges	\$0.00
Earned Interest This Period	\$0.00	Ending Balance	\$0.00
YTD Interest	\$0.00	# Deposits/Credits	0
YTD Withholding	\$0.00	# Checks/Debits	2
Annual Percentage Yield Earned (APYE)	0.00%		

ACCOUNT ACTIVITY DETAIL			
Date	Description	Deposits	Withdrawals
05/16	BEGINNING BALANCE		
05/19	NORTHWESTERN MU REQST TEL		\$217.52-
	XXXXX43-01		
06/08	CLOSING TRANSACTION		\$1,306.05-
06/15	ENDING BALANCE		

CHECK REGISTER								
Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
0	05/19	\$217.52#						

(# AFTER THE CHECK AMOUNT INDICATES ACH CHECK - \* INDICATES NON-CONSECUTIVE CHECK NUMBER(S))

# **IMPORTANT NOTICE ABOUT YOUR EMV CHIP CARD**

Investors Bank debit cards with EMV chip can only be used at ATMs that are upgraded with this technology.

To find a non-Investors ATM\* that is compatible with the EMV chip cards visit:

[www.myinvestorsbank.com/atm](http://www.myinvestorsbank.com/atm)

After you search for a location, be sure to select "Chip-Enabled" in the filter.

Member FDIC \*Non-Investors ATMs may charge a fee in addition to any fee that Investors Bank might charge.